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# CSCE 6A Qualifying Exam Approval

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Please Print

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Title: \_\_\_\_\_

The attached research-based qualifying exam paper was successfully presented to and defended in front of the examining committee.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Name

Department

Signature

Date

1. \_\_\_\_\_  
(Examination Chair)

2. \_\_\_\_\_  
(Major Advisor---**not a member** of the examining committee. For information only. No signature required.)

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_  
(Outside Member, if any)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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PLEASE DO NOT WRITE BELOW THIS LINE

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**OFFICE USE**

Date CSCE 6A Form Received: \_\_\_\_\_

\_\_\_\_\_  
Graduate Secretary

PhD Qualifying Exam Verification sent to Graduate School: \_\_\_\_\_

Revised 9/2025